ST JOSEPHS NURSING HOME

400 WATER AVE

HILLSBORO 54634 Phone: (608) 489-8000)	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	65	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	65	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	63	Average Daily Census:	61

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	8
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 	e	Age Groups	%	 Less Than 1 Year 1 - 4 Years	31.7 54.0
Supp. Home Care-Household Services	No	 Developmental Disabilities	0.0	Under 65	3.2	More Than 4 Years	14.3
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	15.9 11.1	65 - 74 75 - 84	11.1 36.5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.4	******************	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic Cancer	0.0 4.8	95 & Over 	4.8	Full-Time Equivalent Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	1.6		100.0	(12/31/04)	
Other Meals Transportation	No No	Cardiovascular Cerebrovascular	15.9 14.3	65 & Over 	96.8		7.9
Referral Service	No	Diabetes	12.7	Gender	ક	LPNs	7.0
Other Services	No	Respiratory	3.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20.6	Male	27.0	Aides, & Orderlies	43.2
Mentally Ill Provide Day Programming for	No		100.0	Female 	73.0		
Developmentally Disabled	No		ale ale ale ale ale ale ale ale		100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	i		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	 0	0.0	0	1	2.2	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Skilled Care	1	100.0	299	39	84.8	114	0	0.0	0	16	100.0	149	0	0.0	0	0	0.0	0	56	88.9
Intermediate				6	13.0	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	9.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		46	100.0		0	0.0		16	100.0		0	0.0		0	0.0		63	100.0

County: Vernon Facility ID: 8440 Page 2 ST JOSEPHS NURSING HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condition	ons, Services, an	nd Activities as of 12,	/31/04
Deaths During Reporting Period				· %	 Needing		Total
Percent Admissions from:		Activities of	8	Ass	istance of	% Totally	Number of
Private Home/No Home Health	8.5	Daily Living (ADL)	Independent	One (Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.1	Bathing	11.1		55.6	33.3	63
Other Nursing Homes	4.3	Dressing	17.5		69.8	12.7	63
Acute Care Hospitals	76.6	Transferring	33.3		49.2	17.5	63
Psych. HospMR/DD Facilities	4.3	Toilet Use	25.4		55.6	19.0	63
Rehabilitation Hospitals	0.0	Eating	79.4		7.9	12.7	63
Other Locations	4.3	******	******	*****	******	*****	******
Total Number of Admissions	47	Continence		%	Special Treatmen	ıts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.3	Receiving Resp	iratory Care	3.2
Private Home/No Home Health	12.8	Occ/Freq. Incontiner	nt of Bladder	42.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	6.4	Occ/Freq. Incontine	nt of Bowel	55.6	Receiving Suct	ioning	0.0
Other Nursing Homes	6.4	_			Receiving Osto	omy Care	3.2
Acute Care Hospitals	6.4	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.8	Receiving Mech	nanically Altered Diets	28.6
Rehabilitation Hospitals	0.0				-	-	
Other Locations	2.1	Skin Care			Other Resident C	Characteristics	
Deaths	66.0	With Pressure Sores		0.0	Have Advance D	irectives	87.3
Total Number of Discharges		With Rashes		3.2	Medications		
(Including Deaths)	47	İ			Receiving Psyc	hoactive Drugs	39.7

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Hospital-	All	
	Facility	Based Facilities		Fac	ilties
	%	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.8	91.7	1.02	88.8	1.06
Current Residents from In-County	44.4	85.3	0.52	77.4	0.57
Admissions from In-County, Still Residing	17.0	14.1	1.21	19.4	0.88
Admissions/Average Daily Census	77.0	213.7	0.36	146.5	0.53
Discharges/Average Daily Census	77.0	214.9	0.36	148.0	0.52
Discharges To Private Residence/Average Daily Census	14.8	119.8	0.12	66.9	0.22
Residents Receiving Skilled Care	90.5	96.2	0.94	89.9	1.01
Residents Aged 65 and Older	96.8	90.7	1.07	87.9	1.10
Title 19 (Medicaid) Funded Residents	73.0	66.8	1.09	66.1	1.11
Private Pay Funded Residents	25.4	22.6	1.13	20.6	1.24
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	27.0	32.7	0.83	33.6	0.80
General Medical Service Residents	20.6	22.0	0.94	21.1	0.98
Impaired ADL (Mean)*	43.5	49.1	0.89	49.4	0.88
Psychological Problems	39.7	53.5	0.74	57.7	0.69
Nursing Care Required (Mean)*	4.8	7.4	0.64	7.4	0.64